LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV
MEETING MINUTES
May 11, 2006

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	HIV/EPI AND OAPP STAFF
Carla Bailey, *Co-Chair*	Gloria Pérez/Terry Goddard	Cinderella Barrios-Cernik	Chi-Wai Au
Anthony Braswell, *Co-Chair*	Andrew Signey	Donna Brown	Patty Gibson
Ruben Acosta	Jonathan Stockton	Phillip Chen	Michael Green
Daisy Aguirre	Kathy Watt	Susan Choi	Terina Keresoma
Carrie Broadus	Fariba Younai	Genevieve Clavreul	True Pawluk
Robert Butler		Richard Eastman	Mario Pérez
Charles Carter		Lisa Fisher	Jacqueline Rurangirwa
Nettie DeAugustine	**MEMBERS ABSENT**	Miki Jackson	Joe Simoneschi
Whitney Engeran		Charles James	Michael Squires
Hugo Farias	Al Ballesteros	Maxine Liggins	Gloria Traylor-Young
Douglas Frye	Mario Chavez	Victor McKaymie	Lanet Williams
William Fuentes	Alicia Crews-Rhoden/ Precious Jackson	Naluce Morris	Juhua Wu
David Giugni		Thanh Ooan	
Jeffrey Goodman	Elizabeth Gomez	Osacar Ortiz	
Jan King	John Griggs	Ric Parish	**COMMISSION STAFF/CONSULTANTS**
Brad Land/Dean Page	Richard Hamilton	Sunnie Rare	
Kevin Lewis	Wendy Schwartz *(on leave)*	Emma Robinson	Virginia Bonila
Anna Long	James Skinner	Ricky Rosalez	Miguel Fernandez
Davyd McCoy	Ron Snyder	Jill Rotenberg	Jane Nachazel
Susan McGinnis	Peg Taylor	Kaycee Sara	Glenda Pinney
Ruel Nolledo	Gilbert Varela	Tania Trillo	Doris Reed
Quentin O'Brien	Jocelyn Woodward	Nick Truong	James Stewart
Everardo Orozco		Jan Wise	Craig Vincent-Jones
Angelica Palmeros		Patricia Woody	Nicole Werner

1. **CALL TO ORDER**: Mr. Braswell and Ms. Bailey called the meeting to order at 9:20 am.
   A. Roll Call: Ms. Pinney called the role and confirmed quorum.

2. **APPROVAL OF AGENDA**: Mr. Engeran asked to advance the Public Policy report. Ms. Broadus suggested moving the Recruitment, Diversity and Bylaws report earlier. Mr. Braswell reminded the body that a quorum was needed at both the beginning and end of meetings.
   MOTION #1: Approve the Agenda Order, as revised ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   - **April 13, 2006**: In response to Ms. Broadus' question, Mr. Stewart replied that is done only non-agendized motions need a second.
     MOTION #2: Approve the minutes from the April 13, 2006 Commission on HIV meeting ***(Passed by Consensus)***.

4. **PARLIAMENTARY TRAINING**: Mr. Stewart reminded the body that the two minute speaking rule was in effect. He added that no member was allowed to speak more than twice to an issue without permission of the body.

5. **PUBLIC COMMENT, NON-AGENDIZED**: Sunnie Rose, The Life Group L.A., said there would be a fundraiser June 3rd called Saddle Up LA. The event would be a horseback trail ride and country barbeque held at the L.A. Equestrian Center.

6. **COMMISSION COMMENT, NON-AGENDIZED**:
   - Mr. Braswell introduced Mr. Chen, the new Health Deputy for the 5th District. Mr. Chen thanked Mr. Land, Mr. Page and Mr. Vincent-Jones for helping him familiarize himself with the Commission and the CARE Act. Mr. Chen also reported that the Board of Supervisors instructed the Public Health Officer to postpone contract reductions until OAPP could present a "report back" in June identifying other funding.
   - Mr. Page asked when the Title I Project Officer was expected to address the application concerns with the Commission. Mr. Vincent-Jones said that he would be sending a letter strongly encouraging a visit from the Project Officer, but that he did not expect an affirmative response.

7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no follow-up topics addressed.

8. **CO-CHAIRS' REPORT**: Mr. Braswell said that while he was unable to attend the prior month, he had already heard how much more smoothly the meeting proceeded under the new rules, and thanked everyone for cooperating.

9. **EXECUTIVE DIRECTOR'S REPORT**: Mr. Vincent-Jones noted he had asked Ms. Pinney to take his place at the Commissioners table for this meeting, as a way of familiarizing her with supporting the meeting in case he is ever not able to attend.

10. **STATE OFFICE OF AIDS REPORT**: There was no report.

11. **OFFICE OF AIDS PROGRAMS AND POLICY REPORT**:
   - Mr. Pérez reported that a letter was being sent to providers that afternoon, pursuant to the Board action, suspending the YR 16 reductions until OAPP, DHS and the CAO had the opportunity to try and identify alternate funds. Mr. Acosta noted that agencies were concerned that they might not have sufficient time to make necessary adjustments. Mr. Pérez replied that OAPP would report back to the Board by the end of June and hoped a clear answer would be available by July.
   - There would be a meeting on May 17th in Sacramento with local health departments and providers to discuss the HIV Counseling and Testing system. Mr. Pérez felt the system could be improved cooperatively without legislation mandate, as suggested.
   - Ms. Broadus noted it had been reported earlier that African-American and Latina women in certain high-risk areas would have access to HIV Counseling and Testing regardless of whether they presented individual risk behaviors. She asked for a list of the areas identified as high-risk. Mr. Pérez replied that he would report back on the issue at the June meeting.
   - OAPP has scheduled a review of the Medical Outpatient rate study with the medical providers on May 31st. He reported that there would be a subsequent presentation to the Commission. It is hoped that an RFP can be released and services can be in effect by the start of YR 17, though time has become short.
   - Mr. Butler asked if HIV/AIDS services would be receiving any of the additional, unanticipated State windfall of $5 million. Mr. Pérez replied that there was an effort to backfill prevention reductions of about $5.2 million to middle-impact California counties that occurred last year when the State implemented the California HIV Planning Group's recommendations for HIV prevention. The reductions initially were only to be for one year, but were likely to be extended another year. He added that

the Latino Coalition on AIDS had also submitted a proposal to support Spanish-language social marketing, and that there was a budget request for crystal meth, outreach, prevention and treatment services.

- Mr. Engeran reported that Mr. Pérez had been offered the OAPP Director position. Mr. Pérez thanked the body for their support, and noted that the appointment was still subject to several levels of approval.

MOTION #2A (O'Brien/Ballesteros): Send a letter to the Board of Supervisors supporting Mr. Pérez' appointment as Director, OAPP and asking that the appointment be expedited **(Motion Passed**: ***21 Ayes; 0 Opposed; 5 Abstentions*****)**.

12. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye said the name-based HIV reporting guidance from the State would probably not be available for a year, and that jurisdictions have not been given any guidance by the Office of AIDS and have been told to consult with their own counsel. He said that it is anticipated that regulations are likely to be consistent with AIDS and other reportable diseases, i.e., by name, address and social security number, all commonly used for de-duplicating data, but the state is questioning the interpretation. He said Public Health is working with County Counsel to develop a process for use until the official regulations are released.
- Dr. Frye also reported that a second question the state is raising is how to handle data reported from laboratories for people previously reported by code. Can previously-collected data be converted from code to name? To date, he noted, California seems to only be comfortable reporting by name when a test or treatment consent form identifies that the report will be by name. That would exclude data collected prior to the conversion to name-based HIV reporting. A related question is how to handle providers' ongoing case reports without a new lab test by name but with previous laboratory test(s) by code. If those are usable, a large number of cases could be reported quickly through electronic matching with provider sites—a transition plan approach accepted by the CDC.
- Currently, AIDS cases are being reported and risk identification of old AIDS cases is being done by name. Provider treatment and testing consent forms are also being reviewed to ensure they are consistent with the new legislation. Office preparations, like moving code-based reports to a separate database and staff training, have begun. Training will be available to providers once details of the process are available. While the law took effect April 17th as an emergency act, the regulations are not available to support actively requesting reports, though reports offered will be accepted.
- Dr. Frye said his understanding of the legislation is that previous law remains except as it is changed by the new legislation. In response to a question by Mr. Vincent-Jones, Dr. Frye said jurisdictions can now send data to the State. Previously, they had said not to do so. The hope is that data sent to the State will prompt the State to send data to the CDC. HIV cases are no longer being reported by code in case there is any impediment to re-reporting them by name later.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that a bulk of the prior week's meeting emphasized education. The recommendations of the African-American and Crystal Methamphetamine Task Forces will be presented at the June meeting. These reports will be included as an addendum to the 2004-2008 Prevention Plan.
- Mr. Giugni reported on a town hall meeting sponsored by APLA as part of their contract. About 80 people attended the panel discussion on crystal meth in West Hollywood. It explored use through mental health and neurochemical effects with an emphasis on triggers and causes for relapse. The next forum in the series will be July 11th.
- Mr. Engeran noted there was a similar event in Long Beach. Results went to the Long Beach City Council for work on a comprehensive approach. He asked if this process was similar and might lend itself to a joint effort. Ms. DeAugustine said a draft report from the forum, which attracted about 250 people, was presented to the Safety Committee the night before. She said that it could be brought forward to the Commission. Ms. Watt said she would bring the PPC Task Force report as well.
- Mr. O'Brien said he understood Dr. Jonathan Fielding also had a task force working on the subject. He suggested all the reports be brought forward to the Commission together. Ms. Watt said LA County's process was not as advanced as the others. The PPC's current assignment is to estimate how many LGBT people live in LA County in order to account for differences in use among subpopulations and the current 35 beds available for LGBT. The previous assignment was to estimate how many people in LA County have used crystal meth. Together, the foci can be used to estimate bed need. A subcommittee is reviewing means to address crystal meth and what has been effective.
- Dr. King noted that the Task Force grew out of an advisory body on LGBT. It is evidenced-based and so began with the LGBT population. Additional members were then added from DPSS, DCFS and Probation which led to acknowledgement that the problem needed to be addressed countywide. A subcommittee would meet May 15th to look at educational materials. It was agreed that the PPC would review all the efforts and Ms. Watt would bring a report forward to the Commission.
- Mr. Nolledo asked if the PPC can adopt policy positions. Ms. Watt replied that the PPC is under OAPP, so its recommendations go through OAPP to the County.

14. **TASK FORCE REPORTS**:

A. Commission Task Forces: There were no reports.

B. Community Task Forces: There were no reports.

15. **STANDING COMMITTEE REPORTS**:

A. Finance Committee:

1. ***YR 16 Title I/II Allocations Implementation***:
   - Mr. O'Brien noted the YR 16 v. YR 15 Priorities and Allocations matrix in the packet. The two highlighted lines call attention to the 2.8% shift of Psychiatric Treatment services from Mental Health to Medical Outpatient. Following that matrix in the packet is the YR 16 Priorities and Allocations Worksheet.
   - First, MAI funds, slightly increased this year, are allocated across categories according to the designated priorities.
   - Title I and II funds are then allocated and the two sets of allocations are combined.
   - Mr. Engeran asked if the Planning Council budget reflected its voluntary $100 thousand reduction. Mr. Vincent-Jones said that would be in the separate Planning Council budget. Ms. Gibson explained it was not an allocation reduction, but a commitment not to spend the full allocation in order to offset increased OAPP contractual costs.
   - In response to a question by Ms. Broadus, Mr. Vincent-Jones said the application asks for a priority ranking and separated out main services like Medical Outpatient, Substance Abuse, Mental Health and Treatment Adherence.
   - Ms. Broadus asked how the Finance Committee was identifying and incorporating other funding streams besides CARE Act funds. Mr. O'Brien replied that, while the Commission's only legal purview was over Title I and II funds, the effort continues to better inform those choices with information on other funding streams. Mr. Vincent-Jones noted that a report from OAPP was anticipated by June and other OAPP information referenced in the letter to Dr. Schunhoff in the next few months. Ms. Gibson said NCC and State funding information has already been provided for the allocation-setting process through the service category summary sheets. Additional material will be available for review by the actual beginning of YR 17, though allocation-setting for YR 17 is starting next week.
   - Mr. Vincent-Jones noted this is the implementation report requested from OAPP within 15 days of Title II award receipt. It was presented to the Finance Committee within that time frame. Because of the timeline, the Finance Committee approved the allocation plan. The motion presented is to ratify that approval.

   MOTION #3: Ratify the Year 16 Allocation Implementation Plan, as presented ***(Passed by Consensus)***.
2. ***Impact of YR 16 Contract Reductions***: There was no additional discussion.
3. ***YR 16 Planning Council Support Budget***:
   - Most requests prepared by the committees were denied due to funding cuts, Mr. O'Brien relayed.
   - While the grant amount is $1.4 million, he reminded that body that the Commission had already agreed to a $100,000 voluntary reduction. Savings are being garnered from not filling two of the three vacant positions (Evaluation Manager and Secretary) in the organization chart at this time. The Research Coordinator position will be filled.
   - Mr. Butler asked about the Commissioner Service Reimbursement line item, especially regarding increased gas prices. Mr. Vincent-Jones said it had been doubled from last year. He reminded Commissioners that mileage is reimbursable, currently at $0.41 per mile. He added that the item includes other expenses like interpretation.
   - Ms. Broadus felt meeting room rental of $50 thousand on top of the office lease of $90 thousand was excessive. She suggested using LA County facilities for meetings. She also recommended a breakdown of the 15% in indirect costs, which seemed high. Standards development at $50 thousand also seemed high in her opinion. She felt Commissioners and staff could do more of the work so that providers could receive more funds.
   - Mr. Braswell noted the motion would need to be voted up or down. If the body chose to recommend changes, the budget would need to return it to Committee. Ms. Broadus confirmed that was her recommendation.
   - Mr. O'Brien said the budget is based on prior year actuals. While some small savings might be found, he felt the Committee was very conservative. Requests were reviewed closely and only one for public hearings considered.
   - Mr. Vincent-Jones said staff was also seeking ways to be more cost efficient, for example, by handling logistics of the standards process with current staff rather than filling the Evaluation Manager position. He also anticipated underspending this budget just as budgets for the last two years have been underspent.
   - Mr. Engeran noted the budgeted grant reduction is $74,579 before the $100 thousand voluntary reduction.

   MOTION #4: Adopt the Year 16 Planning Council Support budget, as presented ***(Passed by Consensus)***.
4. ***Financial Reports***: The reports are in the packet. They reflect no substantial change.

B. Priorities and Planning (P&P) Committee:

1. ***Yrs 14/15 Service Category Summary Sheets:***
   - Dr. Green noted that all the YR 14 and 15 Service Category Summary Sheet information included in the packet was current to date. YR 14 includes what was contracted, what was expended, expected service units and clients served. Since YR 15 had just ended, only contracted amounts are available although figures are expected to be similar to YR 14. YR 15 actuals were calculated through the end of November and provided to the Commission earlier. They are not reflected on the summary sheets because they do not reflect the complete contract year.
   - Accuracy has improved. In YR 14, for example, there were multiple databases operating simultaneously with the care services system. Consequently, data was compiled manually. By YR 15, CaseWatch could be relied upon more. For YR 16, all providers will have migrated to CaseWatch so its data will be more reliable.
   - The five priorities for both YR 14 and 15 in order are: Primary Health Care Core, Removal of Barriers, Patient Care Coordination, Economic Well-Being and Enhancement Services.
   - The presentation provides a brief description of each service, the service units contracted, the unduplicated number of clients, the units of service per client, the total OAPP funds contracted, actual OAPP funds expended.
   - While the presentation provides an overview of each category, full summary sheets detail various funding sources.
   - Actual expenditures tend to be slightly less than what was contracted since services are somewhat over contracted in order to ensure full expenditure of Title I/II funds.
   - Efficiencies have emerged within some service categories. For example, 2500 unduplicated clients were contracted for in Treatment Adherence with an expected 2.9 service units per client at a cost of about $1.7 million. In fact, 1,900 clients were provided 3.1 service units per client for about $1.4 million. Mental Health, Counseling and Oral Health are other services with notable efficiencies.
   - It was not possible to extract Hospice specific data. The summary provides a best estimate. In some cases, like Housing Assistance, it was not possible to extract actuals for YR 14. In all cases where data is missing or insufficient, there is an ongoing goal to enhance the data.
   - Dr. Green recommended the most useful comparison for Commissioners would be YR 14 actuals to YR 15 contracted amounts. That will provide a basis for reviewing YR 17 allocations.
   - Ms. Broadus asserted that barriers, especially for women, resulted when Child Care was centralized and Transportation cut. She felt YR 14/15 reflect gender and cultural bias in prioritizing certain services that should be corrected for YR 17.
   - Mr. Vincent-Jones noted that the Transportation allocation had not been cut. Van transportation was cut because the service was so expensive per unit that taxis were less costly. Childcare logistics were changed to make it more available. Dr. Green said YR 15 actuals were not yet available to demonstrate the effect of changes.
   - Mr. Butler noted that the Commission discussed educating the community when the services changed. Perhaps greater effort needs to be made so the community is aware that the services are available and how to access them.
   - Ms. Gibson noted that allocations usually fall somewhere between contracted funds and actual expenditures.
2. ***FYR 17 Priority Rankings***:
   - Mr. Land presented the full list of priority rankings, most to least important. In addition to the service priorities ranked earlier, there are also: Program Support, Planning Council Support, Quality Management and Administrative Agency Support.
   - Tools have expanded to assist the Commission and community in making more informed decisions, they include: HIV Care Assessment Project (H-CAP), Service Category Summary Sheets, Provider Assessment Surveys and Provider Forums.
   - Ms. Pérez asked where information for the rankings comes from. All of the service priorities important to her, she said, such as transportation (ranked 12), food (13) and childcare (19), were ranked quite low. Mr. Land called attention to the Service Category Summary Sheets, and noted that much of the information is based on needs assessment information.
   - Each category was ranked separately based on consumer needs. None were bundled together as was done in past years. Based on the work of the Standards of Care (SOC) Committee, five new categories were ranked this year. The SOC plans a total of 28 service categories which will eventually result in an additional seven to those ranked this year.
   - Each service category is prioritized, regardless of whether or not recommended for funding. Hospice, for example, is not funded, but it is prioritized. Priorities are forwarded to the Finance Committee for allocation of funds.

   MOTION #5: Adopt the Year 17 priority rankings, as presented ***(*Motion Passed**: ***19 Ayes; 2 Opposed; 1 Abstention).***

C. Standards of Care (SOC) Committee: Dr. Younai presented the two standards of care forwarded for approval and Childcare introduced for public comment until May 31st. Mr. Braswell presented Transportation, also introduced for public comment until May 31st.

1. ***Case Management, Psychosocial Standards of Care***: The standard had been returned to the SOC to incorporate an additional comment, namely, deletion of the phrase "refraining from exploiting client trust". The phrase was perceived as a negative reflection on case managers. With the revision, it was now presented for approval.
   MOTION #6: Approve the Case Management, Psychosocial Standards of Care, as presented ***(Passed by Consensus)***.
2. ***Case Management, Medical Standards of Care***: No public comments were received, so the standard was presented for approval without revision.
   MOTION #7: Approve the Case Management, Medical Standards of Care, as presented ***(Passed by Consensus)***.
3. ***Childcare Standards of Care***:
   - The purpose of this category, Dr. Younai noted, is to reduce barriers in accessing, maintaining and adhering to primary health care and related social services. Services must be culturally, linguistically and age appropriate with maintenance of confidentiality and accurate family assessment.
   - Staff must be specifically trained in care for children, including how to monitor the child's physical and emotional health. State and LA County laws and regulations pertain, including licensing requirements. Minimum staff training requires: CPR, fire and electrical safety, cultural awareness and diversity, child development, infection control and infectious/hazardous waste, child abuse/domestic violence, quality child care provision and other HIV needs.
   - Expected outcomes are: 100% increase in accessibility of care, 100% of families receiving child care assessment, and 80% of clients reporting satisfaction with care.
4. ***Transportation Standards of Care***:
   - The purpose of this category, Mr. Braswell noted, is to provide transportation to medical and social services appointments for those who otherwise could not afford, or are not physically able to get back and forth. It cannot be used for social or recreational purposes. Clients are assessed for eligibility and the most appropriate form of transportation.
   - Drivers will be trained to provide services to people with HIV, pass a background check, and maintain appropriate licenses and permits. Van drivers will also be trained in first aid, driver safety, transportation options, priority protocol and emergency procedures.
   - Clients are eligible for taxi or van transportation only if they cannot use public transit due to documented health reasons, time of day health/safety reasons, lack of accessibility or if they are traveling with two or more children.
   - Taxi services require car seats, wheelchair accessibility, bilingual drivers, "will call" services and restriction to ASO staff approved transport. Van services also require service promotion, fire extinguisher and first aid kit, written protocols and a training/policy manual. The vehicle used must have passed inspection and be licensed and insured.
   - Transportation personnel must behave in a sensitive and professional manner. Various prohibited and required behaviors are detailed in the standard.
   - Public transit services include bus tokens, monthly reduced fare passes and Metrolink Train tickets. Agencies distributing these must maintain a transportation service record.
   - The outcome goal is 80% of clients reporting satisfaction with care.
   - Taxi and van service units are one-way trips. Public transit units are the number of tokens, passes and/or tickets.
   - Ms. Watt asked for a definition of "trained in first aid". Dr. Younai said it referred to general knowledge. Ms. Watt suggested writing in certification for first aid and CPR. She was advised to email the recommendation.
   - Mr. Nolledo asked if the standard was too extensive for reasonable implementation. Mr. Vincent-Jones replied that most language is current in OAPP contracts.
   - Mr. Farias asked about the requirement for an English communication exam. Mr. Vincent-Jones replied that there must be bilingual (English/Spanish) drivers available but, in addition, all drivers have to be able to speak understandable and understand English.

D. Public Policy Committee:

1. ***AB 2280: HIV Counseling***: Discussion on this item was postponed.
2. ***AB 2076: Clean Needles/Syringe Exchange***: Mr. Engeran said a copy of the bill, which authorizes use of public funds to purchase needles, was included in the packet for informational purposes. He noted that the Commission policy had already adopted a position supporting needle exchange.

3. ***SB 699: Name-Based HIV Reporting***:
   - Ms. DeAugustine said there have been two State calls and multiple emails regarding the implementation guidance, or lack thereof, from the state. Implementation guidance normally goes through a process with a 60-day minimum public comment period, followed by revisions and a second comment period. The full process usually takes about a year.
   - In this case, there had been the perception that the State would provide a preliminary guidance for initial use. In a conference call two weeks ago, however, health jurisdictions were told they would receive no State guidance. Each could use its own interpretation of the law. There are 61 health jurisdictions in all.
   - Ms. DeAugustine noted jurisdictions were very angry with the State for this lack of assistance. Speaking for Long Beach, she has coordinated with LA County and Orange County for development of a joint effort.
   - Because the law is fairly specific, jurisdictions can deduce some aspects of implementation and are doing that. The CCLAD meeting of AIDS directors on May 31ist is devoting an entire day to the subject and will be meeting with the Governor.
   - Various jurisdictions will be writing their legislators and the State Office of AIDS on the issue. Ms. DeAugustine feels the Commission should also write a letter, particularly since it was pivotal in support for the bill.
   - Mr. Engeran said he specifically asked Peg Taylor two months ago if the State would be prepared to move when the bill passed. She said they would be. He found this disappointing after working with the State for over a year. Ms. DeAugustine noted the State was involved in the bill's development, so they are familiar with it already.
   - Mr. Vincent-Jones reported the State has said they are not sure if they can ascertain past cases as current cases due to legalities of informed consent. He felt that issue was addressed in the bill. He said they are also questioning whether address and other personal identifying information currently used in the names-based AIDS code is relevant. Again, he felt that was not a valid concern, since its already prescribed in AIDS reporting, and questioned why the State didn't bring the issue up since they had participated in the bill's development for a year. Ms. DeAugustine noted that the identifying information is not only relevant, but required.
   - Mr. Braswell felt a letter should be drafted to the Office of AIDS. Concurrently, he recommended contacting the Governor and State representatives. Ms. DeAugustine noted that the State would need to submit one report, so it was to their advantage to work with consistent data.
   - Mr. Land recommended the financial impact be included in the letter. Mr. Nolledo said a proxy system with a rate of 0.9 was already in the reauthorization legislation as a transition plan. Mr. Butler said it was critical to get this subject right because it directly affects our ability to access federal dollars.
4. ***CARE Act Reauthorization***:
   - Mr. Engeran reported that in the last few days the Senate Health Committee has issued proposed language for the CARE Act Reauthorization. He noted an outline in the packet. While many may not have reviewed the material, he felt it should be discussed because it was likely to move quickly.
   - One key change is to break Title I funding into three tiers based on the number of living AIDS cases reported in the last five years with Tier 1 representing the heaviest case load. In Tiers 1 and 2, funding distribution would be by two-thirds formula and one-third supplemental. Hold harmless would apply only to Tier 1. Planning councils would be mandatory only for Tier 1.
   - This system was no doubt designed to address some of the concerns, like structural issues, of smaller EMAs.
   - There is a 75%/25% breakout of funding with 75% dedicated to core medical services and 25% for support services. Specific definitions are relatively restrictive and needed to be part of the discussion.
   - A phase-in plan for the use of HIV cases is also presented. It uses a 0.9 proxy number until new systems are sufficiently mature to provide valid data.
   - Mr. Pérez said, overall, the federal approach should be good news for California. A particular concern has been how the federal government would determine the HIV/AIDS burden in California generally and in LA County specifically. Splitting Title I into three tiers identifies the different kinds of jurisdictions: those with 2,000 or more AIDS cases reported in the last five years, approximately 22 of the current 51 jurisdictions; those with 1,000-1,999 such AIDS cases; and those with 500-999 cases. California will have jurisdictions in each tier. Tier 1 jurisdictions will begin with the funding allocated to them in YR 16. Tier 2 will begin with their YR 16 allocations enhanced by $5 million of the $10 million previously allocated to emerging communities. Tier 3 will receive the remaining $5 million of the emerging communities funding to be shared among jurisdictions.
   - Funding is likely to become more stable, since the supplemental award based on the articulation of need has decreased to one-third of the total. The formula portion of the award, which is based on combined HIV and AIDS cases, will primarily favor jurisdictions with mature HIV reporting systems since the CDC will accept their data.

States with immature systems, like California's, will have estimated HIV numbers. The proposed ratio is 9 HIV to 10 AIDS cases. LA County estimates it has more, 10 to 12 HIV cases per AIDS case. EMAs with mature systems reflecting fewer than 9 HIV cases per ADIS case, like New York's estimated 5.5, could lose some funds proportionately.

- The use of a supplemental portion of the award is anticipated only for the next few years until a "severity of need" index can be established through HRSA and its working groups. It will be discontinued by the Secretary of Health and Human Services once there are reliable indicators nationally for "demonstrable need".
- Regarding Title II, Mr. Pérez reported that there had been concern regarding how the federal government would interpret the 80/20 rule, with 80% per AIDS case per State and 20% per AIDS case per State outside of an EMA. About 85% of cases are within an EMA in California. The new Title II configuration allocates 75% of funds for all AIDS cases in a state, 20% will be allocated for non-EMA AIDS cases in a state and 5% will be allocated to states with no EMA. This new configuration will only slightly reduce the LA County Title II allocation.
- Mr. Vincent-Jones noted that under the current proposal California is likely to lose $1.5 to $2 million of its Title II funding, part of which funds consortia in LA County, and a .9 HIV case proxy could result in LA County losing up to an additional $2 to $3 million in Title I funding. While the current proposal appears fairly settled, he recommended continuing to work for improvements like the new inclusion of all living HIV/AIDS cases.
- On the other hand, with two-thirds of resources allocated to the formula, it might become necessary to invoke hold harmless. The current language requires invoking it in the first year, after which it would be valid for three years.
- Ms. Watt said language was introduced in the Senate May 10th and would be "marked up" shortly thereafter. The House will receive it next. The bodies hope to complete work by the end of June. AIDS Action suggests personal support service stories.
- Mr. Engeran recommended one or two issues that the Public Policy Committee could move on like a proxy number.
- Mr. Pérez noted the bill is bicameral and bipartisan, so should move quickly. In his opinion, the top issues affecting LA County issues are: 1) an exception to the proxy number for the HIV to AIDS ratio if the CDC accepts a methodology showing a higher number; 2) the definition of "core medical". Mr. Vincent-Jones added: 3) set-aside MAI funding is being raised by the tri-Caucus (African-American, Latino and Asian/Pacific Islanders), 4) and 10% administrative cap could become problematic.

MOTION #7A (Land/Broadus)*:* Refer the following CARE Act Reauthorization issues to the Public Policy Committee for review and strategy development on behalf of the Commission: 1) 0.9 proxy ratio for HIV cases; 2) definition of "core medical services" as it relates to the designation of 75% of funding to said services; 3) MAI funding designation, and delegate the authority to the Public Policy Committee to act on the Commission's behalf regarding Reauthorization ***(Passed by Consensus).***

- Mr. Butler asked about the 10% cap on administrative agency and planning council costs. Mr. Pérez responded that currently there is a 5% cap for the administrative agency, 5% for program support and 5% for the planning council, with quality improvement separate. Mr. Vincent-Jones said currently the administrative agency and service providers together can use up to 10% of the total award for administrative purposes (called the "aggregate"), and the planning council budget is separate. An overall 10% cap would reduce available administrative funds by requiring the planning council support budget to come from the same funds would reduce each portion significantly.
- Mr. Pérez noted that Title IV providers have also been capped at 10%. "Administrative cost" has not been well defined. Title IV providers, e.g., invest significant resources in coordinating services among partners.

MOTION #7B (Broadus/Land): Amend MOTION 7A to add the following item: 4) definition of planning council budget in relation to 10% administrative expense cap ***(Passed by Consensus).***

5. ***Funding Reductions Advocacy Plan***: The subject was postponed due to time constraints.

E. Recruitment, Diversity and Bylaws (RD&B) Committee:

1. ***Member Duty Statements (Introduced)****:*
   - Ms. Broadus said that she felt all Commissioners should remain in their member seats until all duty statements are completed. Mr. Land asked if the Health Systems duty statement was submitted to any other entity like a medical board. Mr. Butler said it was not, but it had been submitted for public comment.

   MOTION #8: Approve the proposed Health Systems Representative member duty statement ***(Passed by Consensus).***
2. ***Member Duty Statements (New):***
   - Mr. Butler said the remainder should be drafted and introduced in the June meeting.
3. ***Miscellaneous:***

- He added that the next Sunset Review is due in May/June.
- Mr. Butler confirmed the Commission is in critical need of consumer Latino/a members, especially in SPAs 4 and 7, as well as District 4. Ms. Broadus asked about outreach, particularly to the underrepresented populations. Mr. Butler said the RD&B has been encouraging individual outreach while working on a broader program. Mr. Braswell reminded the body that all Commissioners have that responsibility. Mr. Farias recommended stronger outreach to SPNs. Mr. Land recommended a SPN flyer. Mr. Acosta suggested training for SPNs.
- He added, while half of terms expire June 30th, all Commissioners retain seats until they resign or are replaced.
- Mr. Braswell said many will be angry about cuts. That is a good time to encourage them to come forward to serve.

17. **COMMISSION COMMENT**: There were no additional comments.

18. ANNOUNCEMENTS:

- Dr. King announced that Dr. Bruce Chernoff was appointed May 10th as the permanent Director of Health Services.
- Mr. Land reported that the Life Group LA will conduct its Poz Life weekend seminar July 22-23. More information is available on their website, TheLifeGroupLA.com and flyers are on the back table.
- Mr. Nolledo reported that AIDSWatch was held May 8-10. Numerous people provided key support, including: Elizabeth Mendia, WHRAP; Tom Peterson, Orange County AIDS Service Foundation; Mario Guerrera, Bienestar; Jury Candelario, APAIT; Phil Curtis, APLA; Will Strain and Mr. Pérez, OAPP; Ms. Bailey and Mr. Vincent-Jones. SCHAC provided twelve scholarships. SCHAC also held its annual Lobby Day April 17th, flying about 40 community members to Sacramento.
- Mr. Vincent-Jones complemented Mr. Nolledo for all his work in setting up appointments for AIDSWatch.
- Mr. Acosta announced that LA Shanti was hosting a 25 year retrospective of HIV/AIDS, June 1st, Plummer Park, Room 6, from 7:00 to 8:30 p.m. Michael Gottlieb, Mark Katz, Carl Bean and others would be attending.
- Mr. Eastman reported that May 8th the Los Angeles Medical Marijauna Task Force was implemented of medical marijuana for the first time in ten years in LA County. The Commission worked with the Task Force and has adopted most of the rules. The Ordinance is available online. He anticipates that ID cards will be available soon.

19. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:15 p.m.

A. Roll Call: End-of-the meeting roll call was taken.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order, as revised.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the April 13, 2006 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2A *(O'Brien/Ballesteros)*: Send a letter to the Board of Supervisors supporting Mr. Pérez' appointment as Director, OAPP and asking that the appointment be expedited.	***Ayes:*** *Acosta, Aguirre, Bailey, Ballesteros, Braswell, Butler, Carter, DeAugustine, Farias, Fuentes, Giugni, Goodman, King, McCoy, McGinnis, Nolledo, O'Brien, Orozco, Palmeros, Signey, Younai* ***Opposed:*** *none* ***Abstentions:*** *Broadus, Engeran, Land, Long, Pérez*	**MOTION PASSED** **Ayes**: 21 **Opposed**: 0 **Abstentions**: 5
MOTION #3: Ratify the Year 16 Allocation Implementation Plan, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4: Adopt the Year 16 Planning Council Support budget, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #5: Adopt the Year 17 priority rankings, as presented.	***Ayes:*** *Acosta, Aguirre, Bailey, Ballesteros, Braswell, Butler, Carter, Farias, Fuentes, Goodman, King, Land, Long, McGinnis, Nolledo, O'Brien, Orozco, Signey,Younai* ***Opposed:*** *Broadus, Pérez* ***Abstentions:*** *McCoy*	**MOTION PASSED** **Ayes**: 19 **Opposed**: 2 **Abstentions**: 1
MOTION #6: Approve the Case Management, Psychosocial Standards of Care, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #7: Approve the Case Management, Medical Standards of Care, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #7A *(Land/Broadus)*: Refer the following CARE Act Reauthorization issues to the Public Policy Committee for review and strategy development on behalf of the Commission: 1) 0.9 proxy ratio for HIV cases; 2) definition of "core medical services" as it relates to the designation of 75% of funding to said services; 3) MAI funding designation, and delegate the authority to the Public Policy Committee to act on the Commission's behalf regarding Reauthorization.	***Passed by Consensus***	**MOTION PASSED**
MOTION #7B *(Broadus/Land)*: Amend MOTION 7A to add the following item: 4) definition of planning council budget in relation to 10% administrative expense cap.	***Passed by Consensus***	**MOTION PASSED**
MOTION #8: Approve the proposed Health Systems Representative member duty statement.	***Passed by Consensus***	**MOTION PASSED**